

U.S. DEPARTMENT OF THE INTERIOR
NATIONAL PARK SERVICE
ROOSEVELT-VANDERBILT NATIONAL HISTORIC SITE



APPLICATION FOR
COMMERCIAL USE AUTHORIZATION

PLEASE TYPE OR PRINT IN BLUE OR BLACK INK. ANSWER ALL QUESTIONS AND ATTACH ANY ADDITIONAL INFORMATION NECESSARY.

APPLICANT'S (OWNER'S) NAME: _____

AUTHORIZED REPRESENTATIVE: _____

OFFICIAL BUSINESS NAME(S): _____
(Authorized under which permit is to be issued)

NATURE OF BUSINESS: _____
(Brief description of use/service/activity)

IN-PARK OPERATING DATES/TIMES: _____
(Daily/weekly/monthly/annual schedule)

TAX ID# or SOCIAL SECURITY #*: _____

PRIMARY ADDRESS: _____

ALTERNATE ADDRESS: _____

E-MAIL ADDRESS: _____

PRIMARY TELEPHONE #: _____

ALTERNATE TELEPHONE #: _____

FAX#: _____

AS AN APPLICANT, ARE YOU A(N): (Mark one box)

- ☐ **INDIVIDUAL** (IF SO, ARE YOU A CITIZEN(S) OF THE UNITED STATES? ☐ YES ☐ NO)
☐ **CORPORATION** (IF SO, ARE YOU A CITIZEN(S) OF THE UNITED STATES? ☐ YES ☐ NO)
☐ **PARTNERSHIP/ASSOCIATION**
☐ **GOVERNMENT/STATE AGENCY**
☐ **OTHER** _____

*This question is a requirement of the 1996 Debt Collection Act; this information will NOT be made public and will be kept secure.

LIABILITY INSURANCE

As a condition of this authorization, you are required to carry liability insurance to provide protection for the visitors you serve within National Park Service areas. Please contact the Special Park Use Coordinator to determine what coverage amount (per occurrence) is necessary for your use. The insurance policy must also contain a waiver of subrogation clause specifying that the insurance company shall have no right of subrogation against the United States. If this is not possible, the United States of America must be named on the policy as an additional insured. Additionally, the policy must not be subject to aggregate limits that would reduce the actual amount stated on the policy/certificate of insurance. **PLEASE ATTACH YOUR CERTIFICATE OF INSURANCE WITH ORIGINAL ENDORSEMENT.**

WILL YOU BE USING ANY TYPE OF VEHICLE WITHIN PARK BOUNDARIES DURING YOUR OPERATION? IF SO, PLEASE COMPLETE THE FOLLOWING CHART:

VEHICLE TYPE	MAX PASSENGER CAPACITY	VEHICLE LICENSE#

CRIMINAL HISTORY

WITHIN THE PAST 5 YEARS HAS THE COMPANY (ENTITY), OR ANY OF THE OWNERS OF THE BUSINESS BEEN CONVICTED OF OR FORFEITED COLLATERAL FOR ANY VIOLATIONS OF STATE, FEDERAL OR LOCAL LAWS OR REGULATIONS? ☐ YES ☐ NO

IS THE COMPANY (ENTITY) OR ANY OF THE OWNERS OF THE BUSINESS NOW UNDER CHARGES FOR ANY VIOLATION OF STATE, FEDERAL OR LOCAL LAWS OR REGULATIONS? ☐ YES ☐ NO

WITHIN THE PAST 5 YEARS HAVE ANY OF YOUR CURRENT OR PROPOSED EMPLOYEES BEEN CONVICTED OF OR FORFEITED COLLATERAL FOR ANY STATE, FEDERAL OR LOCAL LAW OR REGULATION; OR ARE THEY NOW UNDER CHARGES FOR ANY VIOLATION OF STATE, FEDERAL OR LOCAL LAWS OR REGULATIONS? (If "yes", you may be required to exclude those employees from working in any capacity relevant to those activities authorized by a CUA). ☐ YES ☐ NO

IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE GIVE DETAILS IN THE SPACE BELOW:

Item#	Individual's Name	Date	Charge	Place	Court	Action/Disposition

False, fictitious or fraudulent statements or representations made in this application may be grounds for revocation of the Commercial Use Authorization and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001). All information provided will be considered in reviewing this application.

SIGNATURE OF OWNER/AGENT

PRINTED NAME

DATE

PLEASE REMIT \$100.00 (CHECK OR MONEY ORDER) WITH YOUR APPLICATION IF APPLICABLE
MAKE THE REMITTANCE PAYABLE TO: NATIONAL PARK SERVICE
MAIL TO: ROOSEVELT-VANDERBILT NATIONAL HISTORIC SITE, 4097 ALBANY POST ROAD, HYDE PARK, NY 12538
FOR QUESTIONS, CALL THE SPECIAL PARK USE COORDINATOR, 845-229-9380, 845-229-9381 (FAX)